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ABSTRACT

Marijuana use on college campuses is commonplace both as regards experimentation and frequent use. In attempting to understand factors contributing to this phenomenon which flies in the face of legal America, researchers have examined various aspects of parental influence including parental consumption of legal and illegal drugs and their attitudes toward such use by their offspring. Because such parental use and attitudes as they related to student introduction to, and current use of, marijuana have been reported both sparingly and separately, this study was undertaken. Significant relationships at the .01 level were found between perceived parental attitudes toward youthful use of alcohol and marijuana, and the frequency of student marijuana use; between perceived parental attitudes toward cigarettes, marijuana and alcohol, and the time of student introduction to marijuana; betwen perceived parental use of painkillers and the frequency of marijuana use; between perceived parental use of barbiturates, marijuana, painkillers and antidepressants, and the time of student introduction to marijuana. (Author)

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# The Relationship of Parental Attitudes and Drug-Taking Behavior to College Students' Use of Marijuana

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Parents, and Student Use of Marijuana

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# The Relationship of Parental Attitudes and Drug-Taking Behavior to College Students' Use of Marijuana

Although legal America still generally frowns on the use of marijuana, it seems safe to say that it will be a part of the American scene, especially among young people. Kaplan makes the conservative estimate that "1/3 of the population of California between the ages of 16 and 29 has committed the serious crime of using marijuana" (Kaplan, 1970); Goode remarks that while "tne use of marijuana in colleges in 1960 was almost unknown; in 1970, it is commonplace..." (Goode, 1970). Innumerable studies support this contention of widespread use. Wogan (1974) surveyed fourteen studies reporting illicit drug use among college students from 1965-1971. From a low 4.3% ever used in 1965, one study showed a rather dramatic 56% in 1970. Since then, surveys taken across the nation point to an increasing experimentation with marijuana: Oregon State University - 47% (Penn, 1974); University of Maryland - 47% (Horowitz and Sedlacek, 1973); University of Miami - 77% (Church, Truss and Martino, 1974); Stanford - 63% (Wogan, 1974); Skidmore - 53% (Oswalt and Sexton, 1972); University of Connecticut - 56% (Cross and Keir, 1971).

Not only do college students smoke marijuana, they appear to be doing so with increased frequency. For example, at Stanford in 1968-1969,

39% of marijuana users had taken it twenty or more times; by 1970-1971, 51% were such experienced users (Garfield and Garfield, 1973). Or again, daily users at the University of Miami were 12% of respondents in February of 1971; by October, 1972 they represented 23% of respondents (Church, Truss and Martino, 1974). Although we have reason to think that the kind and location of colleges have an effect on the extent and frequency of illicit drug use (Keniston, 1968-1969; Mizner, Barter and Werme, 1970), quite clearly the adult world is being served notice by this youthful generation that, licit or not, marijuana use is assuming a significant place in our task of understanding and guiding wisely our children.

As researchers seek to ferret out the causes of a practice flying in the face of adult disapproval and official sanctions, clues are sought in the user's family culture. And strong indications of causality are found. Heavy marijuana smokers may have parents who assume either autocratic or laissez faire attitudes relative to family decision making (Hunt, 1974); their fathers, moreover, may be emotionally cold and quite restrictive (Frankl, 1975). Disrupted or generally poor relations with ones parents (Blum et al, 1969), a negative attitude toward them (Biggs, Oswalt and Bakkenist, 1974), parental non-acceptance of their children's peers (Jessor, Jessor and Finney, 1973), and high parental income (Clark and Levine, 1971; Suchman, 1968) - all hold some significance in their children's use of marijuana.

Besides these parent-child interactions, we have some indication that perceived parental approval of particular drug use (Fischler, 1975-1976), as well as perceived parental use of non-prescription (Stormer, 1973; Smart and Jackson, 1969) or prescription drugs (Smart and Quinlon, 1972; Busching and Bromley, 1975), correlate with early use of illicit drugs. Evidence gathered in the area of parental influence, however, tends to separate the questions of perceived parental approval and perceived parental use both as they relate to use of illicit drugs and to early use.

Because of the widespread and obvious use of marijuana among college students, and the research tendency to separate possible causative factors associated with parents, this study was undertaken in an effort to search out answers to the following questions:

1) Do perceived parental attitudes toward the children's use of drugs affect students' use of marijuana?
2) Do perceived parental use of licit or illicit drugs affect students' use of marijuana?
3) Do perceived parental attitudes toward their children's use of drugs affect the time of students' introduction to marijuana?
4) Do perceived parental use of licit or illicit drugs affect the time of students' introduction to marijuana?

On the weight of previous investigations, we expected that we would reject the following null hypotheses:

1) A perceived parental attitude of acceptance toward their children's use of marijuana will have no significant positive relationship to student use of marijuana.
2) Perceived parental use of licit or illicit drugs will have no significant positive relationship to student use of marijuana.
3) A perceived parental attitude of acceptance toward their children's use of marijuana will have no significant relationship to student early introduction to marijuana.
4) Perceived parental use of licit or illicit drugs will have no significant relationship to student early introduction to marijuana.

In all cases, we did not have sufficient data to justify a hypothesis about the effect of perceived parental approval or use on the student use of other drugs, nor about the specific drugs parents may use which would affect student marijuana use.

## Method

### Subjects

A sample of 1000 college students was randomly selected from a population of 3541 full-time day students at a private school in suburban New Jersey to receive drug questionnaires. The 379 students in the random sample who completed and returned the anonymous surveys were the subjects in this study. Of these, 53% were females and 47% were males. With respect to age, 34% were between 18 and 19; 52% were between 20

and 21; and 22% were 22 or more. At the time of this study, 15% of the subjects commuted from their parents' home; 67% lived in campus residence halls; 12% lived in fraternities or sororities; and 6% lived in apartments off-campus.

The response rate of 37.9% from the random sample was accepted because student participation in the study was completely voluntary: questionnaires were delivered and returned by campus mail so there was no direct contact with subjects; there was no financial compensation for completion of the survey; and there was no follow-up to determine reasons for non-participation.

Materials

The anonymous, self-report questionnaire which was used in this study was composed of 147 questions with associated multiple choice response alternatives. It explored selected demographic characteristics of subjects, the nature and incidence of drug use, the causes and effects of drug usage and attitudes toward drugs.

With respect to demographic characteristics, subjects were asked to describe themselves as persons (age, sex, etc.); to describe themselves as students (class, major, grade point average, etc.); to describe themselves as family members (parents' education, marital status, income, etc.); and to describe themselves as religious persons (upbringing, present affiliation and religiosity).

The nature and incidence of drug usage was assessed for each of 10 drug categories (alcohol, marijuana, amphetamines, etc.) as follows: ever used these drugs; current use of same; person(s) who suggested first use, and age at time first used.

The causes and effects of drug usage were assessed for each of the 10 groups of drugs as follows: perception of short-term effects of drugs and reasons for abstaining from these drugs; parents' attitudes toward drugs and parent's experience with drugs; friends' usage of drugs and attitudes toward drug use.

Attitudes toward drug usage included perceptions of student drug use in general (agreement with liberal or conservative statements about drug use); stated willingness to refer friends with drug problems to various agencies (doctor, other friends, etc.) and stated comfort in discussion of drugs with others (students, parents, doctor, etc.).

There was no investigation of reliability and validity of this study because the questionnaire was based on a comprehensive survey developed and administered by the Inter-University Drug Survey Council of Metropolitan New York in 1968-1969. All items on the Inter-University questionnaire were maintained without change as they were originally drawn from a pool of 800 items and were field tested at six metropolitan area schools (Pearlman, 1973). In some cases, multiple choice response alternatives on the Inter-University questionnaire were rewritten so that no item in this study had more than six response alternatives. In addition, simultaneous ratings of related items on the Inter-University questionnaire were reformulated so that

each question in this study was rated separately. Whenever a change was initiated, however, every effort was made to maintain the significant response alternatives provided by the Inter-University questionnaire.

Procedures

All students in the random sample received the following materials through campus mail during November, 1975: a cover letter from the Counseling Center Director which informed students of the study's purpose, assured anonymity and urged participation; a copy of the self-report questionnaire described above; an addressed return envelope for the completed questionnaire; and a postcard addressed to the Counseling Center which could be signed as an indication of having returned the questionnaire under separate cover. Students in the random sample who did not return a signed postcard by January, 1976, received a reminder letter in February, 1976.

All subjects who completed and returned questionnaires were assigned to a group based on their response to item 33, current use of marijuana, and item 45, time of first marijuana use. With respect to current use, respondents were called "infrequent users" if they described their current use as: (1) not at all or (2) once every few months. Respondents were called "frequent users" if they described their current use as: (3) once or twice a month; (4) once or twice a week, or (5) once or twice a day.

With respect to time of first marijuana use, respondents were called "late users" if they described the time of first use as: (1) have never used; (3) Freshman year; (4) Sophomore year, or (5) Junior or Senior year. Subjects were called "early users" if they described the time of first use as (2) prior to college.

Grouped responses for current use of marijuana and time of first marijuana use were then crosstabulated with perceived parental attitudes towards drugs and with perceived parental use of drugs so that multiple choice response alternatives for each group defined a cell in the contingency table. A chi-square test of association was computed for selected cases in which the minimum expected frequency for each cell in the contingency table was greater than or equal to five. The level of significance was set as $p = 0.01$ because the large number of analyses might lead to spurious results. In those cases in which a significant association obtained, the direction of the effect was determined by observation, specifically cells in which observed frequencies were greater than or less than expected. Finally, the strength of the association was estimated by a Pearson product-moment correlation coefficient for the two variables comprising the contingency table: correlations greater than $r = 0.14$ were significantly different from zero for $N = 379$.

## Results

Current use of marijuana and time of first marijuana use were significantly related to perceived parental attitudes toward drugs

and to perceived parental use of drugs. Specific results are described as follows.

Current Use of Marijuana

The chi-square tests of significance for current use of marijuana with perceived parental attitudes toward drugs is summarized in Table 1. These results showed that current use of marijuana was significantly related to parents' attitudes toward alcohol, $\chi^2$ (1) = 12.73, $p < .01$, $r$ = -0.17; and toward marijuana $\chi^2$ (1) = 22.12, $p < .01$, $r$ = -0.22. In both cases, frequent users perceived parental attitudes as tolerant of drug use while infrequent users perceived them as disapproving; the degree of the relationship as estimated by the correlation coefficient was also significant for both alcohol and marijuana.

No significant relationship obtained between current use of marijuana and parental attitudes toward the following: painkillers, $\chi^2$ (1) = 1.80, ns, $r$ = -0.05; antidepressants, $\chi^2$ (1) = 1.72, ns, $r$ = -0.06; tranquilizers, $\chi^2$ (1) = 0.16, ns, $r$ = -0.00; and cigarettes, $\chi^2$ (1) = 2.52, ns, $r$ = -0.05. Chi-square tests are not reported for contingency tables between current use of marijuana and amphetamines, barbiturates, LSD and other psychedelics, heroin et al because the expected frequency for tolerant parental attitudes toward these drugs was less than five.

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Insert Table 1

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Table 1

Current Use of Marijuana with Perceived Parental Attitudes Toward Drugs

| Item | Drug | Current Use of Marijuana | Parents Attitudes Tolerant | Disapproving | $\chi^2$ | r |
|---|---|---|---|---|---|---|
| 61 | Alcohol | Infrequent | 173 | 47 | 12.73* | -0.17* |
| | | Frequent | 143 | 12 | | |
| 62 | Amphetamines | Infrequent | 1 | 218 | | |
| | | Frequent | 8 | 147 | | |
| 63 | Barbiturates | Infrequent | 1 | 218 | | |
| | | Frequent | 6 | 149 | | |
| 64 | Marijuana | Infrequent | 34 | 186 | 22.12* | -0.22* |
| | | Frequent | 57 | 99 | | |
| 65 | LSD or other psychedelics | Infrequent | 0 | 220 | | |
| | | Frequent | 2 | 153 | | |
| 66 | Heroin, Opium Methadone or cocaine | Infrequent | 0 | 220 | | |
| | | Frequent | 1 | 154 | | |
| 67 | Painkillers | Infrequent | 36 | 183 | 1.80 | -0.05 |
| | | Frequent | 34 | 121 | | |
| 68 | Anti-Depress. | Infrequent | 10 | 210 | 1.72 | -0.06 |
| | | Frequent | 12 | 142 | | |
| 69 | Tranquilizers | Infrequent | 28 | 191 | 0.16 | -0.00 |
| | | Frequent | 22 | 133 | | |
| 70 | Cigarettes | Infrequent | 76 | 142 | 2.52 | -0.05 |
| | | Frequent | 67 | 89 | | |

When current use of marijuana was crosstabulated with perceived parental use of drugs, only parental use of pain killers was significantly related to current use of marijuana, (Chi) $\chi^2(1) = 10.37$, $p < .01$, $r = 0.17$. Frequent marijuana users were more likely to perceive some parental use of pain-killers than were infrequent users; moreover, a significant degree of relationship, as estimated by the correlation coefficient, was found.

The results for all drugs is reported in Table 2. These results revealed no significant relationship between current use of marijuana and perceived parental use of the following drugs: alcohol, amphetamines, barbiturates, marijuana, LSD and other psychedelics, heroin et al, antidepressants, transquilizers and cigarettes.

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Insert Table 2

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First Use of Marijuana

The chi-square tests of significance for time of first marijuana use with perceived parental attitudes toward drugs is summarized in Table 3. First marijuana use was significantly related to parental attitudes toward the following: alcohol, (Chi) $\chi^2(1) = 9.91$, $p < .01$, $r = -0.14$; marijuana, (Chi) $\chi^2(1) = 32.34$, $p < .01$, $r = 0.24$; and cigarettes, (Chi) $\chi^2(1) = 7.92$, $p < .01$, $r = -0.08$. Early marijuana users were more likely to describe their parents' attitudes toward alcohol, marijuana and cigarettes as tolerant while late marijuana

Table 2

Current Use of Marijuana with
Perceived Parental Use of Drugs

| Item | Drug | Current Use of Marijuana | Parental Use 1.No | 2.Yes | (Chi) $X^2$ | r |
|---|---|---|---|---|---|---|
| 71 | Alcohol | Infrequent | 10 | 212 | 0.10 | 0.01 |
| | | Frequent | 6 | 150 | | |
| 72 | Amphetamines | Infrequent | 188 | 34 | 0.76 | 0.04 |
| | | Frequent | 126 | 29 | | |
| 73 | Barbiturates | Infrequent | 183 | 39 | 2.82 | 0.07 |
| | | Frequent | 116 | 38 | | |
| 74 | Marijuana | Infrequent | 207 | 15 | 2.63 | 0.08 |
| | | Frequent | 38 | 18 | | |
| 75 | LSD & other psychedelics | Infrequent | 213 | 9 | 0.25 | 0.03 |
| | | Frequent | 148 | 8 | | |
| 76 | Heroin, opium, Methadone or Cocaine | Infrequent | 213 | 9 | 0.04 | 0.01 |
| | | Frequent | 149 | 7 | | |
| 77 | Pain Killers | Infrequent | 108 | 114 | 10.37 * | 0.17 * |
| | | Frequent | 50 | 106 | | |
| 78 | Anti-Depressants | Infrequent | 171 | 51 | 2.44 | 0.08 |
| | | Frequent | 109 | 47 | | |
| 79 | Tranquilizers | Infrequent | 120 | 102 | 0.28 | 0.03 |
| | | Frequent | 80 | 76 | | |
| 80 | Cigarettes | Infrequent | 92 | 105 | 3.72 | 0.08 |
| | | Frequent | 129 | 49 | | |

users perceived parental attitudes toward these drugs as disapproving. The extent of the relationship between first use of marijuana and parental attitudes toward alcohol and marijuana were also significant, $r > 0.14$; while the relationship between current use of marijuana and parental attitudes toward cigarettes did not prove significant.

No significant relationship was obtained between time of first marijuana use and perceived parental attitudes toward the following drugs: amphetamines, (Chi) $\chi^2 (1) = 5.75$, ns; barbiturates, (Chi) $\chi^2 (1) = 3.10$, ns, LSD et al, (Chi) $\chi^2 (1) = 0.91$, ns; pain-killers, (Chi) $\chi^2 (1) = 2.57$, ns; anti-depressants, (Chi) $\chi^2 (1) = 1.15$, ns; and tranquilizers, (Chi) $\chi^2 (1) = 2.47$, ns.

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Insert Table 3

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When first use of marijuana was crosstabulated with perceived parental use of drugs, significant relationships were seen relative to parental use of barbiturates, (Chi) $\chi^2 (1) = 9.65$, $p < .01$, $r = 0.14$; parental use of marijuana, (Chi) $\chi^2 (1) = 15.16$, $p < .01$, $r = 0.20$; parental use of painkillers, (Chi) $\chi^2 (1) = 8.54$, $p < .01$, $r = 0.15$; and parental use of anti-depressants, (Chi) $\chi^2 (1) = 8.09$, $p < .01$, $r = 0.13$. In every case, early users reported some parental use of these drugs while late users saw no such use. The extent of the relationship for anti-depressants was not significant, $r < 0.14$; in every other case, however, the correlation between time of first marijuana use and parental use of drugs was significant.

Table 3

First Use of Marijuana with Perceived
Parental Attitudes Toward Drugs

| Item | Drug | First Use of Marijuana | Parental Attitudes Tolerant | Disapproving | $\chi^2$ | r |
|---|---|---|---|---|---|---|
| 61 | Alcohol | late | 138 | 39 | 9.91 # | -0.14 # |
| | | early | 177 | 20 | | |
| 62 | Amphetamines | late | 1 | 176 | 5.74 | -0.06 |
| | | early | 9 | 188 | | |
| 63 | Barbiturates | late | 1 | 175 | 3.10 | -0.01 |
| | | early | 6 | 191 | | |
| 64 | Marijuana | late | 19 | 158 | 32.34 # | -0.24* |
| | | early | 71 | 127 | | |
| 65 | LSD or other Psychedelics | late | 0 | 178 | 1.83 | -0.05 |
| | | early | 2 | 194 | | |
| 66 | Heroin, Opium Methadone or Cocaine | late | 0 | 178 | 0.91 | -0.04 |
| | | early | 1 | 195 | | |
| 67 | Painkillers | late | 27 | 149 | 2.57 | -0.06 |
| | | early | 43 | 154 | | |
| 68 | Anti-Depress. | late | 8 | 169 | 1.15 | -0.04 |
| | | early | 14 | 182 | | |
| 69 | Tranquilizers | late | 18 | 158 | 2.47 | -0.03 |
| | | early | 31 | 166 | | |
| 70 | Cigarettes | late | 53 | 122 | 7.92* | -0.08 |
| | | early | 88 | 110 | | |

Finally, no significant relationship occurred between time of first marijuana use and perceived parental use of alcohol, amphetamines, LSD and other psychedelics, heroin et al, tranquilizers and cigarettes. See Table 4 for complete results.

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Insert Table 4

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## Discussion

As predicted, in statistically rejecting all four of our null hypotheses, we affirm a finding of a significant correlation of parental attitudes toward their offspring's drug use, and of parents' own use of licit and illicit drugs- with both the time of introduction to marijuana and the extent of its current usage.

The research literature offers abundant evidence of the affect that parental attitudes, values, life style,and interaction with their children have on their behavior, drug - taking and otherwise. This behavior may be seen either as a reaction against parents perceived as somehow destructive, or as the extension of an accepted parental vision of life and often of "the good life."

Parents often seem shocked at both the rumors and actuality of drug-taking behavior among college students. They may question the extent and kind of drug use on campus; they may call for more rigid campus discipline and enforcement of drug laws. A particular college may not be chosen because of the fear that a son or daughter will get "turned on to the drug scene" should he or she move into the student culture.

Table 4

First Use of Marijuana with Perceived Parental Use of Drugs

| Item | Drug | First Use of Marijuana | Parental Use / No | Parental Use d. Yes | (chi) $\chi^2$ | r |
|---|---|---|---|---|---|---|
| 71 | Alcohol | late | 10 | 169 | 1.51 | 0.06 |
| | | early | 6 | 192 | | |
| 72 | Amphetamines | late | 157 | 22 | 4.37 | 0.08 |
| | | early | 157 | 40 | | |
| 73 | Barbiturates | late | 154 | 24 | 9.65 * | 0.14* |
| | | early | 145 | 52 | | |
| 74 | Marijuana | late | 174 | 5 | 15.16* | 0.20* |
| | | early | 170 | 28 | | |
| 75 | LSD & other Psychedelics | late | 175 | 4 | 4.10 | 0.11 |
| | | early | 185 | 13 | | |
| 76 | Heroin, Opium, Methadone or Cocaine | late | 176 | 3 | 5.53 | 0.12 |
| | | early | 185 | 13 | | |
| 77 | Pain-Killers | late | 89 | 90 | 8.54* | 0.15* |
| | | early | 69 | 129 | | |
| 78 | Anti-Depress. | late | 145 | 34 | 8.09* | 0.13 |
| | | early | 135 | 63 | | |
| 79 | Tranquilizers | late | 106 | 73 | 5.21 | 0.11 |
| | | early | 94 | 104 | | |
| 80 | Cigarettes | late | 73 | 106 | 1.92 | 0.06 |
| | | early | 66 | 129 | | |

Although student drug use stands out clearly as a legitimate concern for parents, teachers, and administration, indications are that parental behavior may need looking at in the first place. If parents personally take advantage of modern America's legal drug response to problems of anxiety, depression, tension, boredom, sleeplessness, this may be translated both as a model of, and permission for, their children's entrance into the drug culture even before college. And should this drug-taking behavior be joined to perceived parental approval of the growing adolescent's use of cigarettes, alcohol and marijuana, then we have some strong reasons to think that they will follow ~~ingestion~~ in their parents' footsteps and fall into step with their parents' values.

Parental attitudes understood as approving of cigarettes, alcohol and marijuana appear to have a definite influence upon both the early and current use of marijuana by their children. Interestingly, approval of marijuana, an illicit drug, is grouped with alcohol and cigarettes, both licit drugs - and that is precisely reflected in student drug use. Student users don't look upon marijuana smoking or ~~injection~~ ingestion as destructive except relative to being caught by legal authorities. That marijuana stands in such a unique position is indicated by the reported lack of influence that parental approval or disapproval of other illicit drugs has upon student marijuana use.

Although the influence of perceived parental attitudes appear to have more of a continuing influence upon student drug-taking behavior,

perceived parental use of drugs does manifest a significant correlation with the student's first steps into the world of drugs. When parents appear to be looking to pills to handle the recurring discomfort of life, their offspring report themselves as likely to seek relief from daily stresses in like manner. Indeed, only parental use of pain-killers significantly relates both to early and current use by students of marijuana. Pressures of school, social tensions, internal growth stresses often generate much psychic pain; just as parents attack the symptoms of physical pain without dealing with the underlying problem, so children of these parents may seek psychological solace through the relief from this reality by tripping into an altered consciousness. They too may rely on momentary removal of symptoms as the path toward ultimate cure.

At this time campus drug use for the majority of students appears to be little different than that of the adult culture - with the exception of marijuana. Evidence abounds relative both to experimentation and frequent use that alcohol, cigarettes, and then marijuana are the drugs of choice (cf. Strimbu et al, 1973; Busching and Bromley, 1975; Strimbu and Sims, 1974; Girdano and Girdano, 1974; Smart & Quinlon, 1972). And these three drugs among youth appear to be most sensitive as a response to students' perceptions of parental drug-taking and parental approval.

Daily observation leads weight to the view that alcohol consumption among college students is increasing; that the percentage of students using marijuana is leveling off; that marijuana users take a smoke, not simply as a means of independence or rebellion, but for much the same purposes that others,including parents, drink alcohol or take pills. Although some research supports these conclusions, they are open to further and current examination.

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